<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1911</td>
<td>Seven nurses graduate from Multnomah Hospital Training School.</td>
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<tr>
<td>1920</td>
<td>The Portland School of Social Work begins offering courses in public health nursing.</td>
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<tr>
<td>1926</td>
<td>University of Oregon establishes a nursing degree program.</td>
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<td>1927</td>
<td>Emma Jones Hall is built as a dormitory for nursing students.</td>
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<tr>
<td>1960</td>
<td>Department of Nursing Educations becomes the University of Oregon School of Nursing.</td>
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<tr>
<td>1964</td>
<td>The first male student earns a bachelor's degree from the school.</td>
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<td>1970</td>
<td>The first faculty members with doctorate degrees are appointed.</td>
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<td>1971</td>
<td>Master's degrees offered.</td>
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<td>1981</td>
<td>Masters of nurse midwifery program begins.</td>
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<td>1985</td>
<td>Ph.D. in nursing program begins.</td>
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<td>1992</td>
<td>School of Nursing creates the Rural Frontier Delivery Program.</td>
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<tr>
<td>1993</td>
<td>School of Nursing coordinates statewide integrated nursing education system.</td>
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<tr>
<td>2001</td>
<td>University’s name changes to Oregon Health &amp; Science University.</td>
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<tr>
<td>2007</td>
<td>Doctor of Nursing Practice offered.</td>
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<tr>
<td>2011</td>
<td>SoN celebrates 100 years of Nursing and the first graduating class from Monmouth Campus.</td>
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Join us as the School of Nursing celebrates

100 years

We invite you to attend our upcoming centennial celebration events where we will honor our past and begin to envision our future

Donna Shalala Presentation

A Tribute to Nursing’s Future

March 14, 2011, 2 p.m.
OHSU Old Library Auditorium
Portland, Ore.
No reservation required

Nationally renowned political, humanitarian and academic leader will address nursing’s future. She will speak on her work to create the Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health.*

Centennial Gala Celebrations

An Evening with Barbara Smith Conrad

April 28, 2011
First Congregational Church and Portland Art Museum
At 3 p.m tour the First Congregational Church where our first graduates received their diplomas in 1911. Opening remarks and reception with hearty hors d'oeuvres begins at the Portland Art Museum at 5:15 p.m. Feature presentation at 7 p.m.

The OHSU School of Nursing is proud to present an evening with Barbara Smith Conrad. As an internationally acclaimed opera singer and subject of the feature-length documentary *When I Rise,* Conrad is sure to inspire and delight as she shares her story of overcoming racism as a University of Texas music student and her ultimate rise to the heights of international opera.

A Day of Celebration at the OHSU School of Nursing

April 29, 2011, 8 a.m. - 5 p.m.
OHSU School of Nursing, Portland, Ore.
Please visit www.ohsu.edu/son for full schedule of events.

The OHSU School of Nursing opens its doors for a day of celebration and opportunity for connecting. Students, faculty and staff will be on hand to reminisce with our alumni, celebrate community partners and honor our past with events including a service remembrance, campus tours and class meetings. Finish the day with a champagne toast to kick off the next 100 years.
Imagine, if you will, that the year is 1910. Around you are people suffering and even frightened to their core about the effects of widespread outbreaks of disease that may imperil their lives or well-being. Women and children are particularly susceptible and vulnerable. Those men, women and children who are able to work are employed in crude and high-risk jobs that take a toll on their health. Employment is sporadic, and there is no health insurance, nor is there access to healthcare providers – or institutions to provide care, when those institutions are needed.

Today, one hundred years later, similarities still exist. People continue to suffer and experience pain, isolation and concern over their lives and well-being. People now survive with chronic conditions of aging, but there is equal concern for women and children. Families face economic and employment challenges and access to care with adequate care providers remains sporadic. Health insurance now exists, but is not available to all Americans, either due to cost, lack of employment, or because of exclusion clauses related...
to the presence of pre-existing conditions. Institutional care is prevalent for acute and critical care episodes of disease, but fails to adequately address health promotion, disease abatement or palliative care.

These two scenarios have something in common. Nurses. As we mark our centennial, imagine the bold move for a group of community leaders to come together to advocate for and use their political savvy to sow the seeds to found the Oregon Health & Science University School of Nursing. I imagine their spirit among us, fueling us, whispering direction to keep moving and working and advocating for healthcare for all people. I imagine them telling us to become policy advocates for public health, palliative and hospice care, and health homes. They speak to us about being vigilant – not only at the point of care – but in ensuring that fiscal resources are available to deliver care where and when it is needed.

Having served as one of five nurses on the inter-professional Future of Nursing committee at the Institute of Medicine, it is not lost on me that the spirit of those who founded this school infused me with their wisdom and energy. This report calls on nursing to emerge – once again – to lead change and advance health. We do so now with the wisdom of the past, but also with new and multiple generations of nurse providers to meet the health needs of all people. The report challenges us to educate nurses in new ways, to double the number of doctoral-prepared individuals, to increase the number of nurses who possess the baccalaureate degree, and to ensure that leadership skills and experiences are part of the experience of each and every graduate. More primary care nurses are needed to complement physician providers. The science that nurses generate must be relevant and scalable to address the people we serve.

This edition of Momentum intends to inspire you with how we are progressing to meet the expectations of those who founded our school 100 years ago, and how we contribute to the Future of Nursing by advancing health and leading change. Our centennial mantra has been reduced to a single word: Flourish. We have, we are, and we will!

I look forward to seeing you at our Centennial Gala on Thursday, April 28th, 2011. Thank you for helping us flourish!

Sincerely,
Michael Bleich, Ph.D., R.N., F.A.A.N.
Dean and Professor, OHSU School of Nursing

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You may also read all issues of Nursing Momentum and other School of Nursing publications online at www.ohsu.edu/son

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National Women’s Heart Disease Expert Brings Important Message to Ashland

**OK, it turns out that women are different than men.** Beyond the obvious difference in reproductive organs, nowhere are male and female bodies more unalike than in the cardiovascular system. That may explain why researchers have been trying to garner public attention since the late 1990s with a critical message: women experience heart attacks differently than men.

It’s an important distinction because heart disease is the No. 1 killer of American women, taking more lives than breast cancer, diabetes and accidents combined. And since 1985, more women have died from heart disease than men.

The first researcher to publish evidence that women experience their own cluster of symptoms spent a day last March on the Ashland campus of the OHSU School of Nursing. Jean McSweeney, Ph.D., R.N., F.A.A.N., professor of nursing, University of Arkansas for Medical Sciences, Little Rock, spoke with faculty, students, staff, reporters and the public about the evolving picture of women with heart disease.

Her early studies published in the *Journal of Women and Aging* (1998) and *Research in Nursing and Health* (2000) spawned a growing body of literature on the subject. Since then, she and other researchers, including OHSU’s Anne Rosenfeld, Ph.D., R.N., F.A.A.N., have learned more about women’s risk factors for heart disease, early warning signs of a heart attack, reasons women delay treatment and educating patients and the public about getting to the hospital sooner.

On her first visit to Oregon, McSweeney’s day culminated with a visit to a packed lecture hall to give the key note address for the Darby Endowed Lecture on March 8, 2010. The lecture takes place every other year and is sponsored by the School of Nursing. Rosenfeld, whose current studies focus on why women delay entry to the healthcare system after symptoms, introduced McSweeney. “Dr. McSweeney was the first to publish a description of women’s acute and warning symptoms of a heart attack,” Rosenfeld said. “Her work was groundbreaking. We are fortunate to have with us someone who really changed what we know about women and heart disease.”

Although McSweeney’s nursing colleagues at OHSU were well versed in the topic, they asked many questions about her research and ideas for getting the message out. She said that a 2003 article in the journal *Circulation*, published by the American Heart Association, cast her work into the national spotlight, bringing much needed publicity to the
“McSweeney was the first to publish a description of women’s acute and warning symptoms of a heart attack. Her work was groundbreaking.”

– Anne Rosenfeld, Ph.D., R.N., F.A.A.N.

Lecture is “Huge” for Faculty, Students; Bridges Research and Practice

by Lee Lewis Husk

“The Darby Lecture is huge for us,” says Stephanie Sideras, Ph.D., R.N., assistant professor at the Ashland campus. “(Jean McSweeney) made the immediacy of her work come alive for students, whose programs of studies can make research look abstract. Her research gives them information today that they can use with clients in the hospital tomorrow.”

Sideras took McSweeney on a tour of the campus and had the opportunity to talk with her about her own area of expertise, simulation education. “It was fun to talk with her on how to modify valuable case scenarios and provide material that more accurately challenges the students.”

She said that after the lecture, about three-quarters of her students participating in a simulation practice case referenced the Darby lecture to support their decision-making choices when caring for a woman with vague cardiovascular symptoms.

“Each Darby Lecture seems to bring a higher caliber nurse researcher than the previous year. This year was no exception: she was dynamic and had a message that we can all apply in our professional and personal lives,” says Sideras.

“McSweeney was the first to publish a description of women’s acute and warning symptoms of a heart attack. Her work was groundbreaking.”

– Anne Rosenfeld, Ph.D., R.N., F.A.A.N.

Endowed by the John and Nora Darby Heart Fund, the bi-annual lecture was established to link the southern Oregon community with nationally recognized experts in the area of cardiovascular disease prevention, treatment and rehabilitation. The lectures are held in Ashland for the campus community, health care providers, and the general public with members from all OHSU campuses invited to participate.
Heart Research to Improve Women’s Outcomes

Driven by her passion to improve women’s outcomes from heart disease, Anne Rosenfeld, Ph.D., R.N., F.A.A.N., is embarking on a major research project. With $1.9 million from the National Institute on Nursing Research, she and colleagues are starting a prospective study of 630 patients admitted to emergency rooms in California and Oregon.

Emergency department personnel will complete a 14-item symptom checklist when a patient arrives at the hospital with symptoms suggestive of acute coronary syndromes (a new term for heart attack or unstable angina). The purpose of the checklist is to identify symptom clusters in both men and women to learn whether they’re different. If so, the healthcare community can offer gender-specific messages to get people into treatment sooner.

“It’s not as simple as saying that more men than women have chest pain,” Rosenfeld says. “That doesn’t provide a complete picture of how symptoms cluster and how they may differ across gender. We’re excited about the possibility to answer this question in a more definitive way,” she says. Rosenfeld is co-investigator at OHSU with Mohamud Daya, M.D., M.S., Department of Emergency Medicine; the principal investigator is Holli DeVon, Ph.D., R.N., at the University of California, Davis Betty Irene Moore School of Nursing.

“We hope to get answers that the medical community will accept because of the rigor of the study design,” Rosenfeld says.

A second cardiovascular researcher joined Rosenfeld in 2010. Christopher Lee, Ph.D., R.N., assistant professor, focuses his research on heart failure (the No. 1 cause for unplanned hospitalization in the United States) and hypertension (the most common primary diagnosis in the U.S.). He and co-investigators at OHSU, including Rosenfeld and Antony Kim, M.D., of the School of Medicine, recently started a two-year study to identify gender-specific symptom profiles in adults with heart failure. Sponsored by the federal Office of Research on Women’s Health through the Oregon Building Interdisciplinary Research Careers in Women’s Health, the research team will enroll 200 participants through the OHSU advanced heart failure clinic.

“We’re hoping to find symptom profiles that help us determine who’s going to be at risk for future adverse outcomes,” Lee says. Investigators are specifically looking at a wide range of physical, emotional and psychological symptoms that could identify individuals at risk for poor quality of life or hospitalization. “For example, we’re going to document patterns across hallmark heart failure symptoms like shortness of breath and other symptoms like problems with sleep or depression, and compare how these patterns may differ between women and men,” he says.

Primarily a researcher now, Lee worked previously as an adult acute care nurse in Massachusetts, completed his graduate work in Philadelphia, Pa., and recently finished a post-doctoral research fellowship at the University of Arizona, Tucson. “I was drawn to OHSU because of Anne’s strengths and leadership, and the collaborative nature of the interdisciplinary heart failure program” he says.
Profile, Shigeko Izumi

Shigeko Izumi has achieved much on her academic path over the past decade. It was the late 1990s and Izumi was living in Japan, researching end-of-life care and preparing for her next step in life. She had already gained an undergraduate and a master’s degree in the nursing field. Still, she wanted to be a researcher, and knew that to do so, she had to get her Ph.D. During this key decision-making time, Izumi attended an international conference to present her end-of-life care research. While at the conference she met faculty from OHSU … and the rest is history.

OHSU’s School of Nursing had the Ph.D. program in end-of-life care Izumi was looking for. So in 1998, she moved to Portland, Ore. to begin her studies. By 2003, she had gained a Ph.D. and a memorable education that has helped her get to where she is today. “The people in the Ph.D. program are very good. They were inspiring and encouraging,” Izumi says.

Today Izumi is an assistant professor in Washington State University’s College of Nursing, where she co-teaches a graduate-level ‘Research Methods in Nursing’ class and is pioneering several end-of-life care research projects. Izumi couldn’t be more pleased – she’s doing what she loves and what she set out to accomplish years ago. “In addition to being junior faculty at the school, I’m dedicated to doing research about 50 percent of time … so I think I am very fortunate,” she says.

Izumi gives the SoN plenty of credit for her recent accomplishments. She remembers reactions garnered when she applied for jobs prior to getting the position at WSU. “Everybody, once they saw that I got a Ph.D. degree from OHSU, kind of smiled and said, ‘Oh, you got a great education!’” That is not just a compliment to her, but also to OHSU’s SoN.

Izumi also believes her transition from student to teacher and full-fledged researcher has been easier because at the SoN she learned how to logically defend her ideas and methods. “Throughout the whole Ph.D. program the best thing I learned was how to defend myself. That sounds negative… but it’s not!” she says with a laugh.

Perhaps most importantly, Izumi – whose strong research skills are obvious enough to warrant several key grants, says OHSU helped her simply believe in herself and her abilities. This has enabled her to research and teach with confidence and pride. “I feel comfortable working here (at WSU) as an assistant professor because I feel comfortable presenting myself as a researcher,” Izumi modestly states. “And OHSU helped immensely to prepare me to claim myself as that,” she says.
Expanding Global Perspectives on Nursing Research

The process of defending a dissertation, getting published and obtaining research dollars is the same all over the world. In a quest to better understand this complex process, Capital Medical University in Beijing and Sun Yat-sen University in Guangzhou recently invited Judith Baggs, Ph.D., R.N., F.A.A.N., Elizabeth N. Gray Distinguished Professor, to deliver two lectures to their students and faculty. The topics: What kind of cutting-edge research is currently being funded in the U.S., and how to get published in English-language publications?

For the past seven years, Baggs has edited the journal, Research in Nursing & Health, giving her an insider’s perspective on the nursing research that is being published in peer-reviewed nursing journals today. In her role as editor, Baggs regularly selects and publishes manuscripts from Asian countries, making her uniquely qualified to share her insight with this group.

About 350 students and faculty members attended the multi-day event with two lectures occurring at a conference in Beijing; and another group attending the second session in Guangzhou. To overcome the language barrier, her presentation was translated into Chinese, and she was accompanied by an interpreter at both sessions. The take away message? Researchers need to add to the foundation of knowledge in the field and help expand nursing science on the global level.

Baggs addressed the process for getting published in English-language journals. “From my knowledge as an editor I talked about how it is helpful to work with someone who knows English and who has published in scientific journals before. I talked about the importance of demonstrating the significance of your work. That’s because reviewers ask, ‘What is significant about what you have done?’”

Why is it important for Asian countries to publish overseas? “It’s necessary if they (nursing students) want to advance professionally. To finish their doctorate they need to be published in an indexed, English-speaking journal,” she explained. Today, English-speaking journals are considered the most rigorous and prestigious journals in the field. To get published in an English-speaking journal is to have your work translated on a global scale. This type of publication can also provide important cultural information that enhances the nursing field overall.

The second talk addressed what research projects are getting funded, based on the National Institute of Nursing Research's strategic plan.

Although these schools cannot secure U.S. dollars for their research projects, they are interested in what is being funded in the U.S. today, because this helps the schools of nursing target and seek funding for their own research activities, Baggs explained.

Currently the NINR is focusing on four key strategies: bio-behavioral research, adopting, adapting or generating new technologies; improving methods for future science and developing scientists.

Within those four key areas, NINR is emphasizing: promoting health and preventing disease, improving quality of life, eliminating health disparities and end-of-life research. This second lecture gave Baggs an opportunity to talk about her own NINR-funded research: End-of-life decision-making in adult intensive care units.

Baggs invited Yi to accompany her on this trip. “She stayed with her mother,” Baggs said. “It was lovely for her.”

In Guangzhou, Baggs also had the opportunity to visit with Xiaowen Zhu and Lifeng Zhang, two former doctoral students whom she mentored while they attended school here in Portland. The OHSU School of Nursing has a reciprocal relationship with the nursing school at Sun Yat-sen University. Students study for two terms on the OHSU campus before returning home.

The sightseeing took in more than just big city views: During her interactions with students and faculty, Baggs learned that the U.S. and China share some similar views about nursing.

Baggs said, “They are interested in developing new faculty members, promoting nursing research and supporting doctoral students. They want nurses to be successful. As in America, they have to overcome similar stereotypes around nursing.”

In China, there are about the same number of nurses and physicians. In the U.S., there are more nurses than physi-cians. In China, nurses are expected to defer to physicians. “Here, our nurses have grown out of that, but it is certainly still the case there,” she explained.

Overall, it’s clear that “we share a common interest in the education of students and the preparation of new faculty members,” she said.

After the lecture: Sightseeing

A brisk walk along the Great Wall, a tour of the Forbidden City, plus a visit to the Sun Yat-sen memorial in Guangzhou were among Baggs’s post-lecture highlights.

This was her first trip to China, and while in Beijing she enjoyed the company of a native tour-guide: doctoral student Yi Yan, who is currently studying with Baggs.
State of Nursing Research:
A 25-Year Check Up with the Deputy Director of NINR

Mary Kerr, Ph.D., R.N., F.A.A.N., visited the School of Nursing (SoN) this fall to share her observations on the state of nursing research – a 25-year checkup to monitor the state of nursing research. A check on the pulse of nursing signals good health, nevertheless some preventative measures are prescribed.

Nursing Research: Highlights and Projections from the Quarter Century Mark

The Deputy Director of the National Institute of Nursing Research (NINR), Kerr is a strong proponent of nurse scientists, having herself logged many hours researching early biomarkers for cerebral ischemia. During her talk marking the 25th anniversary of NINR and the 100th anniversary of the OHSU School of Nursing, Kerr alternated between role of cheerleader and coach, giving the audience of nursing faculty, community colleagues and students a pat on the back while urging them to strive for more over the next quarter century.

The Challenges

Kerr started off with some sobering statistics that placed the United States at a dismal seventh place ranking in healthcare performance amid other industrialized nations.

“We have to change, we can’t do what we are doing and get better results,” Kerr admonished. “This is a wake-up call, to do better with less.” She pointed out that the United States has the highest healthcare expenditure per capita with non-proportional outcomes while other industrialized nations spend less money and have better outcomes, with higher life expectancies.
Kerr bemoans the low return on our investment. Yet all is not doom and gloom. She insists that the nursing profession, and in particular, nurse scientists, can create the future of healthcare.

The Victories

While crafting that future, there are achievements to note and celebrate. Kerr ticked off other major accomplishments in nursing research over the quarter-century mark, including an appreciation for the doctorate in nursing and the opportunity to play on an increasingly sophisticated scientific playground.

Kerr also points to the direct link between “what we do in nursing and what happens in policy.” Nursing research has contributed directly to improving people’s health via policy and protocol changes particularly in the areas of heart disease and diabetes, she reports. “Our research crosses disciplines to create synergies where none existed prior. This way we can strengthen our contributions to the overall healthcare conversation,” she adds.

At the School of Nursing, which offers the only nursing Ph.D. program in Oregon, faculty researchers along with doctoral candidates examine topical healthcare disparities such as the childhood obesity epidemic, the high rate of cancer in Chinese-American women, and end-of-life issues. “School of Nursing studies on dementia in assisted-living facilities and pressure ulcers in hospitalized elders are examples of nurses seeking answers to pertinent issues,” says Anne Rosenfeld R.N., Ph.D., F.A.A.N., associate dean for Research, Innovation, and Translation.

The role of nursing research in providing key information for the improvement of patient care cannot be underestimated. By touching all populations at all stages of life, Kerr sees nurse scientists at the forefront of disease prevention, improving the quality of life of patients and laboring to eliminate health disparities. She also notes the vital role nurse scientists play in setting the direction for end-of-life research – making a strong link between the work that is already occurring in the School of Nursing with that of the needs of the aging population.

The Vision

Kerr took the time to meet with junior faculty members within the school to talk with them about their research programs. “She provided excellent and sage advice on how to best prepare our research proposals to give us the highest probability of success,” stated Michael Leo, Ph.D., nurse researcher and faculty member at the SoN. Kerr nudged the group to move nursing science forward by pushing its research into the spotlight. She challenged all of the researchers to communicate their work concisely and clearly. “In three sentences, what does your science do to improve patient healthcare?” she asked. Kerr also promotes assertive outreach over modesty and wants to see nurse scientists emboldened to disseminate the power of their research by reaching out to the greater public, policymakers, media, and others who can help publicize and promote their work.

“It’s a rapidly changing world, and opportunities are coming down the pike that we can’t conceive of in both the technology and policy arenas,” Kerr says. “Yet we do know there are scientific ceilings we need to crash through.”

She left the school with a competitive challenge: “We have never had a nurse scientist win the Nobel Prize for Medicine. That will happen in the next 25 years. Maybe it’s someone in this room.”

“We have never had a nurse scientist win the Nobel Prize for Medicine. That will happen in the next 25 years. Maybe it’s someone in this room.”

– Mary Kerr, Ph.D., R.N., F.A.A.N.
A Lesson in Civics

By Susan Rich

Nursing Students Learn to Advocate for Change

Three OHSU School of Nursing students learned last spring that advocates for change can accomplish quite a bit, no matter how small their voices.

Kirstin Williams, Tera Roberts and Becca Cooper, along with Michael Bleich, Ph.D., R.N., F.A.A.N., joined Lynne Boyle, OHSU’s director of federal relations at the nation’s Capitol. The students participated in a three-day summit concurrent with the semi-annual deans’ conference of the American Association of Colleges of Nursing (AACN).

Because these events were held a few miles apart, Boyle arranged meetings where they could advocate for nursing at the national level and share her experiences working on the hill.

The result: An intimate look at how lobbying works, how to maximize your allotted 15 minutes with an elected official or aide, and a broader understanding that yes, the smallest voice can be heard even in Washington.

The Summit

The AACN is active in representing issues important for America’s baccalaureate- and higher-degree nursing education programs. The organization sponsored its first-ever Student Policy Summit last March, a three-day conference focusing on the importance of policy engagement for future nursing leaders.

Topics included: Nurses as leaders in health policy, linking state and federal policy, how to translate research into policy, how to prepare for Capitol Hill visits and a conversation with Congressional staff.

When Williams first learned about the AACN summit, she applied for, and won, a full-ride scholarship to the event. At the same time, Cooper and Roberts also expressed interest in attending, and the School of Nursing paid their way. “We were pleased to support our students in this opportunity and know that this type of hands-on experience only strengthens the ability of our nurses to integrate their role as nursing leaders,” said Jennifer Anderson, assistant dean for Student Affairs.

For Roberts, the summit carried a distinct appeal: “In 1977, before I ever went to nursing school, I helped pass a bill protecting women’s rights to breastfeed in public. That was my first brush with policy,” she said. This experience sparked a powerful interest in how government works. “I had never been to Capitol Hill, and I wanted to find out – can you really walk in and talk to a member of Congress? What I learned was – yes, you can.”

For Williams, the summit was nothing less than inspiring. She began her nursing studies in 2009 and was so struck by Dean Bleich’s orientation speech that she became involved with the Student Nurses Association at a national level. Eventually Williams became the first nursing student to join the Health Policy interest group, an OHSU organization traditionally run by medical students.

“As an advocate you need to ask – for opportunity, money, resources – and part of the summit focused on learning how

Continued on page 14
“I had never been to Capitol Hill, and I wanted to find out – can you really walk in and talk to a member of Congress? What I learned was – yes, you can.”

– Tera Roberts

Rebecca Cooper; Dean Bleich; Joanne Warner, dean, The University of Portland’s School of Nursing; Kristen Williams; and Tera Roberts at the Capitol building.
to make that pitch,” Williams said. Then she explained the process.

“Meeting with an elected official is as easy as making an online appointment. Every person, every issue, gets the same amount of time: 15 minutes. And don’t expect to meet with the actual state representative or senator. Most likely,” Williams explained, “you will meet with a staff member, someone who is devoted to your particular cause. It’s the staff member’s job to research and analyze a particular issue, and then help the elected official frame a position.

“They are used to seeing people with power, so that’s why they like to see constituents. What you do with your time determines whether your cause gets funded. You can’t go in with a fluffy story. You have to have a plan. You have to have done your research and be ready to ask for a specific dollar amount. You just can’t say you need ‘more’ money. You have to be able to explain how much you want and why, and how it will be used,” she said.

A View from the Hill

This lesson was reinforced when Williams, Roberts, Cooper and Dean Bleich later had the chance to meet with health policy staff members. “These are the people who serve as advisers to members of Congress for specific issues,” Williams explained.

Roberts said, “We talked about our issues: Nursing funding, where we saw healthcare going, what goes on in a rural community. It was empowering and enlightening to know that as an individual I can go and advocate for my community and my profession.”

The meetings also reinforced another key opportunity from the summit: The need for a connection between state and policy development. During the meetings with congressional staff, Williams said it was obvious that Dean Bleich is well-regarded in the district.

“A lot of deans were there to promote their particular programs, unlike Dean Bleich, who was there to promote nursing and advanced practice nursing,” she said.

“Spending time with him (Dean Bleich) was inspiring,” Williams added, “He has a great vision regarding the direction of the nursing school. He comes across as very much in support of the nursing profession as a whole.”

Experiencing this summit along with Lynne Boyle and visiting health advisers, Dean Bleich reinforced the fact that nurses play a key role in health policy development. Williams said, “Studies show that nursing is the most trusted profession in the nation, beating out medical doctors and teachers. That means when nurses take on that mantle of leadership and advocacy, people trust them and get behind them. (Congressional leaders) want the ear of nurses because they know what is going on at a very personal level throughout the country.”

It is clear that the landscape of healthcare is changing and that nurses need to raise their voices to advocate for responsible change.
The position gives me the opportunity to network with students at the national level to create a greater awareness of the Northwest and our potential contributions as well as learn from others nationwide,” said Scanlon, a junior at OHSU. Her duties include chairing the Image of Nursing Committee, attending meetings at the NSNA headquarters in Brooklyn, N.Y., writing a column in Imprint and garnering content for the magazine from student leaders around the country.

One of her goals is to link NSNA’s communications with social media. “I would like to see more blending of electronic with traditional media, not just one or the other,” she said.

Nursing is the 36-year-old’s second career. In the late 1990s and early 2000s, while living in Atlanta, Ga., she attended university and worked as a graphic designer, editor and advertising account executive. In 2004, she graduated with honors from the Art Institute of Atlanta and moved a year later to Portland, Ore., where she found work in communications and marketing.

The move into healthcare came from a dinner table discussion with her family. “My mom reminded me that being a service-oriented person, I’d always wanted to be a nurse and help others,” Scanlon recalls. “So she said, ‘Why don’t you do something that you truly love?’” Two weeks later Scanlon began nursing prerequisites at Portland Community College and eventually entered OHSU’s nursing school in 2008.

Previously Scanlon was president of the Oregon Student Nurses’ Association (OSNA), a position she relinquished when she assumed the NSNA editorship. She served as OSNA’s media director since 2007. She currently volunteers at OHSU’s Global Health Center, an interdisciplinary initiative started in 2007 to connect academia, government, business and others in developing solutions in healthcare around the globe. She hopes to start a nursing version of Doctors Without Borders during her senior year or immediately after graduation “Nurses are amazing and can offer (humanitarian help) at a different level than physicians.”

Her long-term goal is to earn a doctorate of nursing practice and work as a clinical nurse specialist in a hospital setting where she can teach other staff about new technologies, new trends and important issues in nursing.

Kindra Scanlon
Institute of Medicine’s Report Highlights Nurses’ Potential, Oregon’s Leadership

Most healthcare providers welcome new patients. But how about accepting 32 million? These anticipated millions are expected to join the nation’s healthcare system under the Affordable Care Act, which became law in March 2010.

Preparing for this reality sets the context for the Institute of Medicine’s (IOM) landmark report The Future of Nursing: Leading Change, Advancing Health. Michael Bleich, dean of the OHSU School of Nursing, was one of the 18 members of the authoring committee. As the first comprehensive look at nursing as a discipline, the IOM report is a health policy breakthrough. Past reports looked at the role of nursing in public health and patient safety, but this report examines nursing from the perspective of providers, research and science, education and other health professions.

Compiling these multiple viewpoints was a complicated task. “The leadership provided by chair Donna Shalala and the entire process of working through the Institute of Medicine was an incredible experience,” Dean Bleich says. “This report marks the first time that nurse scientists and outcomes researchers have amassed a critical body of evidence that could endure the rigors of an IOM review, which by law must be based on evidence. This was not a think tank. It marks an incredible milestone in the history of our discipline.”

The report was written in the context of healthcare reform, but also through the lens of public needs. Addressing these needs in the next 25 years is of paramount importance. In numbers and training, the nation’s three million nurses seem well suited to fill several gaps in primary care, in prevention and in chronic care management, especially as Americans age with complex medical syndromes that have never been seen before. There are more nurses than any other provider type in healthcare today. Advanced practice nurses have additional graduate and doctoral-level training that allows them to deliver primary care (as nurse practitioners and clinical specialists) and specialty care (as nurse anesthetists and midwives) to all types of patients. The IOM report’s authors note that advanced practice nurses are not physician replacements, nor are they physician extenders. They are nurses whose work complements the medical care provided by physicians and other care providers.

Evidence shows that nurses can diagnose and treat many health conditions. Their practice is based on nursing knowledge that includes an emphasis on family, community and
In numbers and training, the nation’s three million nurses seem well suited to fill several gaps in primary care, in prevention and in chronic care management, especially as Americans age with complex medical syndromes that have never been seen before.

public-health perspectives, and includes patient education for preventive health and management of conditions. “One of nursing’s goals is to abate disease when a cure is not possible, so a patient with diabetes, for example, remains at the low level of care requirements, and disease does not advance to disrupt the patient, family, social and role dynamics through diabetes-related blindness or amputation,” says Bleich. The IOM report concludes that nurses must become full partners in redesigning the U.S. healthcare system.

The report relied heavily on nursing education innovations. Christine Tanner, Ph.D., R.N., F.A.A.N., Youmans Spaulding Distinguished Professor at OHSU, was an invited author and presenter at the IOM forum addressing the future of nursing education. Her leadership and pioneering work with nurse leaders in the community college system and others formed the basis of the Oregon Consortium for Nursing Education (OCNE), which allows nursing students to earn the bachelor’s degree in nursing through a shared curriculum. Tanner’s work can be seen in the report as a key recommendation for more nurses to achieve the bachelor and graduate degrees in nursing.

Other partners on the IOM report include the Robert Wood Johnson Foundation, which is now playing a critical role in implementing its recommendations. This is the first time the foundation has partnered with the Institute of Medicine.

The Future of Nursing calls for recognition of nurses’ fundamental role in healthcare’s future. Dean Bleich says, “As reform legislation shifts funding from sick care to preventive care, nursing must lead. Midsized and major employers will consider hiring nurse practitioners to keep employees healthy, and schools could add nurses to help students stay well.”

The IOM report was followed by a national conference from Nov. 30 through Dec. 1, 2010, to discuss implementing the recommendations. As The Future of Nursing makes clear, nurses alone cannot change healthcare. But better-educated nurses, playing expanded roles, can help meet the demands of those 32 million new patients.

Recommendations for Nursing’s Future

The report’s recommendations are a call to action, not just for nurses but for all stakeholders in healthcare delivery. Specific IOM recommendations include:

• Nurses should practice to the fullest extent of their education and training. If necessary in some states, regulatory groups such as the U.S. Federal Trade Commission (FTC) should investigate state restrictions on trade, related to advanced practice nurse functions.

• More nurses – 80 percent from the current 50 percent – should hold bachelor’s degrees through seamless progression from other types of programs, notably, associate degree nursing programs. Without additional B.S.N. nurses, there will be an insufficient pool from which to develop primary care nurses, nurse educators and nurse leaders for future roles.

• Nurses should have access to residency programs for career entry and transition and should have additional experiences working in inter-professional teams.

• Educational programs must ensure that faculty are competent and that programs enrich opportunities for gender and ethnic diversity creating a workforce that mirrors the patient populations served.

• Nursing education must include stronger leadership development, including specific competencies in leading teams, influencing systems change and creating policy and practice innovations.

• Federal and other agencies must collect and analyze the data needed to capture critical workforce information on nursing and other health disciplines and partner with health providers, educators and others to ensure that nurses enter the workforce at the right time and with the right competencies.

Download a free PDF or order a copy of the Future of Nursing report from the National Academies Press at www.nap.edu.

Right: faculty member Ann Nielsen, M.N., R.N.
Forensic Nursing Expert – and OHSU Graduate – Keynotes Annual Puhaty Lecture

Nursing is serious business, especially when you choose forensics as a specialty field. Daniel J. Sheridan, Ph.D., R.N., F.A.A.N., explained the role and functions of nursing in forensics, sobering the audience to the realities that abuse can be both subtle or dramatic, and that astute nursing observations, critical thinking, and a bold willingness to act are the components necessary to helping the living, more so than examining the dead.

by Susan Rich

Sheridan, an associate professor with the Johns Hopkins School of Nursing, who is certified as a sexual assault nurse examiner and forensic nurse, gave the keynote address at the Henrietta Doltz Puhaty Lecture. Sheridan was featured in this special centennial school event as an OHSU doctoral graduate who has since distinguished himself – and nursing – as an astute care giving scientist in a field that many might attribute only to a physician pathologist. His presentation focused on the culture of fear and secrecy around elder abuse.

According to the International Association of Forensic Nursing, “Forensic nursing is about providing the best and most appropriate nursing care for victims of sexual assault and violence. They care for the physical, psychological and social trauma that occurs in patients who have been assaulted or abused. Forensic nurses also acquire skills in injury identification, evaluation of the nature and scope of injuries, documentation of the patient’s incident and the collection and proper storage of biological and physical evidence.”

Forensic Nursing Through the Years

mid-70s
The field of forensic nursing is established.

1987
Sheridan works with patients who had been victimized. Some of his cases overlapped with the criminal justice system.

early 90s
Sheridan first hears the term forensic nurse.

1998
Sheridan takes a life-changing job with the State of Oregon, as an abuse investigator with Adult Protective Services.

present
Sheridan establishes a graduate program in forensics nursing at the Johns Hopkins School of Nursing. “My job – and yours – is to prevent people from becoming customers of the medical examiner’s system prematurely.”
Uncovering elder abuse is challenging. Here are Sheridan’s tips for things to watch out for when working with elderly patients.

- Bruises or fractures in various stages of healing; bilateral bruising to arm; wrap-around bruises to wrist or ankle; ligature or restraint abrasions to wrist or ankle; bite marks
- Injuries not consistent with history being provided
- Sexually transmitted infection, especially if the patient is institutionalized
- Anxiety or fear around caretaker
- Unexplained withdrawal from normal activities
- Poor hygiene: Unkempt hair and nails; untreated wounds, skin breakdown or pressure ulcers
- Finally – if the assessment shows that abuse is taking place, take the time to reassure and empower the patient.

Sheridan finished with a final recommendation, “When you suspect abuse, you have to work with local authorities. You don’t go in as the Lone Ranger. The response is a coordinated team effort.”
Lindert, along with Michelle Anthony, Ph.D, M.A., published *Little Girls Can Be Mean* last summer. Bullying begins in elementary school, Lindert explains. Left unchecked, it can morph into an aggressive behavior that has been linked to teen suicide and school violence.

“When little girls first exhibit ‘mean’ behavior, families tend to overlook it. They don’t think much about it when the child is younger. They think, ‘Oh, she’s just 7.’ But at that age, little girls really can hurt (other children). Patterns can get laid when you’re in elementary school that set the course for behavior that takes place later,” Lindert said.

The book approaches the issue on two fronts: Those girls who do the bullying, and the impact bullying has on its victims.

There are girls acting mean in elementary school who need someone to teach them how they can alter their behaviors to acceptable norms, Lindert said. "And then you have the (girls who are the) target of that mean behavior. If you don't provide those little girls with the tools to cope with it, they get continually squashed and bullied which reduces their self esteem,” she added.

Lindert encourages parents and teachers to start early. “When you target mean girl behavior in elementary school you have the opportunity to change so much of the way they interact with the world – while they are still at an age where they are willing to listen to you.”

The thrust of the book – its key lesson – is to help children discover ways to make themselves feel better without hurting someone else.

“So often they (adults) are too quick to jump in or excuse the behavior. When adults try to fix a prob-
lem before understanding it, that leaves the girls feeling very alone. The girls don’t want to be patronized, they don’t want the adults to fix it for them either, they just want to – and need to – be heard,” Lindert said.

“When you target mean girl behavior in elementary school you have the opportunity to change so much of the way they interact with the world – while they are still at an age where they are willing to listen to you.”

– Reyna Lindert, Ph.D, R.N.

### Four bully-proofing steps

1. **Observe** your child. Pay attention to her friends, their play time, how they handle conflicts. This helps you understand the social world the child inhabits.

2. **Connect.** “This step gets skipped the most,” Lindert said, “and it’s the most important part of the process. When parents move from observation to problem-solving, they miss the chance to talk with their child, to hear what she thinks and how she feels. It helps when parents relate a story about when they were younger, it helps when they can empathize, give the child the opportunity to talk and be heard.”

3. **Guide.** Role play, brainstorm ideas that help your child solve the problem on her own. “This is a powerful part of the process,” Lindert explained. “When someone is unkind, you feel powerless. Give her power at home, teach her problem-solving skills, this will make her feel more in control in front of her peers.”

4. **Support** your child to act. “Provide the support that allows her to do whatever she needs to do,” Lindert said.

And then repeat: Use these four steps every time you want to address your child’s behavior, Lindert said.

### Nursing: Lindert’s new career

Lindert holds a doctorate in developmental psychology from University of California, Berkeley. While she enjoys the academic rigors of her field, she always had a strong desire to connect with families and their children.

“I knew it was time to try something different, and I’ve always been interested in healthcare – the potential to influence the lives of other people. It didn’t take me long to look at nursing,” she said.

Lindert enrolled in the OHSU’s accelerated bachelor’s nursing program in June 2009 and graduated September 2010.

“My personal goal throughout nursing school was to not abandon all the education and training experience that I already had, but to take what I know about human development and families and apply that to nursing,” she said.

Because of her background in early childhood development, it was clear to Lindert that her practice focus would be pediatrics. She completed a pediatric rotation for her community nursing course, and she chose the Doernbecher Neonatal Care Center for her senior practicum.

Her experience at Doernbecher aimed Lindert at her nursing specialty: She recently was hired to work in the same neonatal care center.

“Developmental psychology is the hook between research and real life,” she explained. “I can understand what the parents are going through, I can answer questions about the baby’s development, and I can blend my academic knowledge with nursing.”
Inspiring the Next Crop of Rural Healthcare Leaders

by OHSU School of Nursing staff

Nearly one-third of Oregonians reside in rural areas. From the rugged Wallowas mountain range to the hamlets that dot the coastline, an aging population beset with chronic illness suffers from a lack of healthcare options. With limited resources and a several hour drive from a major urban center, this means big gaps in healthcare delivery.

According to 2010 numbers from the Office of Oregon Health Policy and Research, the ratio of primary care doctors to patients in rural areas of Oregon was 1-to-1,296, while urban centers enjoyed a ration of 1-to-650. These statistics don’t take into consideration nurse practitioners and physician assistants despite the fact that many of Oregon’s most rural areas are served exclusively by these types of primary care providers. In addition, rural Oregonians tend to be older, sicker and often economically stressed or distressed, which puts further pressure on limited healthcare services.

What has proved to be one of the most challenging tasks in rural healthcare delivery is recruiting healthcare practitioners, says Anne Rosenfeld, Ph.D., R.N., F.A.A.N. One way to address this issue is to inspire the next crop of leaders in the field of rural healthcare. Rosenfeld wrote and received a grant that will help ease some of the healthcare needs and begin to address healthcare disparities within these far-flung communities. The Rural Health Track for Nurse Practitioner and Clinical Nurse Specialist Students grant sends Doctor of Nursing Practice (DNP) students to rural areas where they spend an academic year living and practicing within the community.

“Our hope is that they become motivated to stay and practice in these rural areas,” says Rosenfeld. “It can be energizing and inspiring for students to immerse themselves in an environment where the need is so great.”

The program builds on the present model of a three- to four-week rotation in a rural setting with a lengthier time commitment, more intense preparation and comprehensive mentoring. Students in the grant program will be placed alongside a rural practitioner who serves as both mentor and teacher. A faculty member is assigned to the student for additional mentorship and support throughout the nine-month clinical residency program. Additionally, students will attend seminars and collaborate with colleagues from other disciplines who are focused on rural health. “We also provide additional coursework preceding their clinical year, so they feel prepared going in,” Rosenfeld explains.
The Rural Health Track grant seeks to increase the numbers of rural health providers one advanced practice nurse at a time by deliberately seeding the rural regions with ambitious and talented practitioners looking to lead communities toward healthier lives. Practitioners with rural practices have to dig deep and find ways to make limited resources work. “This is leadership at its core,” says Jennifer Anderson, M.S., M.P.A., assistant dean of Student Affairs. “The students in this track will learn to do more with less, and, they will be well-prepared for scenarios where they will be the only expert in the area that can make a decision about a plan of care for a particular patient.”

The Rural Health Track is funded by a grant from the federal Health Resources and Services Administration (HRSA), and got kicked off in 2010 with four DNP students selected to participate. In addition, Rosenfeld successfully wrote a second HRSA grant garnering more than $1.2 million in stipend funding for primary care nurse practitioner students statewide. This funding is part of the Affordable Care Act and supports students from across the state to become primary care nurse practitioners. Combined, these efforts make a real difference in the ability of nurses to access graduate education and provide care across all areas of Oregon.

Communities in rural Oregon often struggle to provide adequate coverage for the health care needs of rural residents. By investigating the current status of hospital credentialing, one of my Doctor of Nursing Practice Rural Track students is hoping to promote and influence an expanded role for advanced practice nurses in rural communities.

– Gary Laustsen, Ph.D., R.N.
Better (and Different) Education

Unlike other higher educational organizations, AACN has its feet planted in two camps – healthcare and higher education. Because of this unique position, Bednash is charged with looking across the full horizon of what's going on in both healthcare and nursing education.

“We have a clear mandate from Institute of Medicine, Future of Nursing (IOM) report to create a better educated workforce. To do this requires a fundamentally different professional education,” says Bednash. She wants to change the image of nurse as instrumentalist. “We need to get away from ‘tubes and orifices,’ training and move toward a focus on professional behaviors of clinical reasoning and problem solving,” she says. “We want to graduate ‘knowledge seekers.’”

This is a new vision for nursing education which must take into account the exigencies of our present healthcare system: an aging population, an increasingly diverse population, an increasingly pediatric and adult population, and highly involved patients with a big, if not deep, knowledge base.

Preferred Future

Preparing nurses at all educational levels is at the heart of the long list of goals for the preferred future Bednash presented to area schools of nursing and local health system audience. Bednash advocates that if nursing education were a pyramid, the baccalaureate nurse would form the foundational base education required for entry into professional nursing practice. The master’s prepares the individual for practicing primarily at the micro-system level, with a higher level of thinking and with additional clinical skills. The clinical nurse leader exemplifies this level of the pyramid. At the apex of the pyramid is advanced specialty education, which, if Bednash has her druthers, should be grouped into the category of practice doctorate by 2015.

The education system is already trending that way, as Bednash reports the results of a recent AACN survey that shows 72 percent of APRN schools are offering or planning to offer a Doctor of Nursing Practice (DNP) program.

Research-focused programs play an integral role throughout the educational pyramid to best prepare nurses while advancing the science of nursing.

The Value Proposition

Although fiercely proud and protective of the nursing profession, Bednash openly points to its frailties. “Our profession has suffered from a failure of safety and quality,” she states. “Part of our work must be focused on building a safer medical system while moderating unsustainable costs.”

Waste tops the list of quality issues. Bednash shared the story of a young couple in the hospital for the birth of their child. One binky after another got lost in the shuffle of newborn chaos. By the time the couple left the hospital, they had lost or misplaced seven of the soothers. When they received their hospital bill for the momentous occasion, they were...
dumbfounded to find an $850 charge for seven binkies – $121 a pop. It's an understatement to say the dynamics are wrong in the healthcare equation. Bednash poses the question: "If we spend more, do you get better outcomes? If you spend more, are you safer?"

No and no. Instead of spending more, Bednash wants to steer the nursing profession toward more patient-centered, high-value care practices to improve outcomes. Value translates to improved patient outcomes, improved patient satisfaction, decreased medical errors, decreased medical care costs and decreased waste. Patient-centered care demands partnership with patients so they feel fully engaged with their care.

“We want to graduate ‘knowledge seekers.’”

– Polly Bednash

How to Get There

This shift in educational priorities calls for collaboration, leadership and partnership. To achieve educational synergy across all levels of professional nursing will require collaboration across the educational spectrum. Leadership, especially in policy development, will be the engine that drives the preferred future. And forming likely and unlikely partnerships with community and educational organizations and institutions will open up avenues to additional resources and opportunities.

Bednash evoked the 100-year-old Flexner report on medical care with a quote from Abraham Flexner, that summed up the central theme of her lecture, “Intellectual inquiry, not job training is the purpose of university.” More education prepares a better nurse, and a different education can build a workforce that best serves the community and contributes to society.
Integrated Learning Communities

This fall, the School of Nursing implemented Integrated Learning Communities (ILCs), as a new way of organizing faculty regardless of program and campus affiliation.

ILCs organize SoN faculty educators, practitioners and researchers based on areas of interest, regardless of the program they work within or the campus they work at. There are eight ILCs, including Bio-behavioral Health; Community and Global Health; Critical and Acute Specialty Care; Geriatric, Chronic Care and End-of-Life; Health of Women and Children; Health Systems Leadership, Informatics and Policy; Measurement and Statistical Science; and Physiology and Genomics. “Before, it was definitely different,” says Kim Derienzo, assistant dean for Systems Integration, who assisted in implementing the new structure. “There are different groups and teams of faculty and staff meeting now that didn’t meet in the past, there’s more emphasis on one school and more emphasis on collaborating across areas,” she adds.

With guidance from the chairs, the ILCs are fostering community and knowledge development and are helping to make the school more cohesive. According to Dean Bleich, “The ILCs should eventually support the development of each community member; advance the discovery of new knowledge in curricula; inform each mission; strengthen interpersonal engagement; and enhance external stakeholder engagement with the SoN.”

As Peggy Wros, Ph.D., R.N., associate dean of Academic Development explains, “The ILCs are grounded in a community of practice model that provides a framework for colleagues who have similar interests to share their expertise, build on existing networks, and collaborate to create for
Each group will have its own unique identity, and the chairs will continue to share strategies and support each other as the ILCs evolve," Wros says. "But I think each group will move forward uniquely depending on what topic and who the members are. Ultimately, we'll all be working together on it."

It's too soon to see the ILCs achieving all purposes, as they just began meeting in person, communicating and sharing information. As Wros puts it, "The ILCs are just beginning to explore exactly what the impact can be within the school and in the broader professional community. But it's going to be exciting to sit back and watch where these groups take us." This winter, each ILC will begin undertaking specific projects, such as curriculum assessments and working on increasing research partnerships or exploring grant opportunities. "Each group will have its own unique identity, and the chairs will continue to share strategies and support each other as the ILCs evolve," Wros says. "But I think each group will move forward uniquely depending on what topic and who the members are. Ultimately, we'll all be working together on it."

value for the organization. Part of our institutional goal is to function as one school. The formation of ILCs helps us to see beyond our specific campus or program association and to find strong connections among faculty that will improve the quality of our programs and enhance professional opportunities for all group members."
Why the time crunch? “The goal,” said Paul Raab, assistant dean for Finance and Facilities, “was to have the new high tech classroom and student and doctoral center ready for the start of the fall term.

“We made it,” he said. “There’s something for everyone. Students, faculty and staff all benefitted from the recent round of facilities improvements.”

Room No. 572: The High-tech Classroom

Thanks to an unexpected request and some strategic planning, an open space on the fifth floor was turned into a call center for three months over the summer and then, in three days flat, it turned into the school’s newest high-tech classroom.

Back in January, the Emergency Services Department identified a need for a special call center and asked around for a place to set up the project. Administrators in the School of Nursing were willing to collaborate and walls starting going up.

This mini project created the shell of a classroom, explained Dawn Roper, School of Nursing facilities coordinator. An extra classroom is just what the faculty ordered. “The need was there to create a new classroom that seated a larger audience. Our other classrooms seat either 20 or 30 students. Some rooms can be combined to seat 100, but then you’d lose one of the rooms,” she said.

This temporary call center was decked out with new tables, carpeting and electronic blackout shades – perfect for converting into a larger classroom. Hours after the call center closed, work crews descended. The result: A gee-whiz classroom that seats 48. Complete with web cameras, a ceiling-mounted projector, an AV rack, a podium wired for sound and other electronics, plus a SMART™ Board, this high-tech classroom became the first-of-its-kind for the School of Nursing.

Raab said, “The most important aspect of this room is that it improves distance education. You can live-stream right out of the class. That means you can teach a class here and see it on another campus.”

Tara Gregory, M.S.N., R.N., taught the inaugural class of family nurse practitioner students in this ultra-modern space. “It’s a wonderful boon to educators. That first lesson covered dermatology, we were able to see skin tones in a way that we couldn’t before,” she said.
But why stop at one room? With a bit more planning and a few more resources updates were made to create a new doctoral student center and student lounge.

Room No. 582: The Doctoral Student Center

A ribbon cutting ceremony kicked off the grand opening of the new Doctoral Student Center. Doctoral students need a dedicated space where they can work on their research and dissertations. “It’s necessary,” Raab explained, “because they need direct access to the faculty that they are working closely with on their research projects. The new space helps them have a ‘home base’ when they are at the school.”

This new room boasts seven workstations, 16 locking cabinets, improved lighting and all new furnishings. It’s also located near faculty offices, which improves communication between faculty and students.

Room No. 371: Student Lounge

Student leaders joined the dean as the doors to the new Student Lounge were opened this fall. With the creation of new student organizations and a very active undergraduate cohort, a larger gathering space was needed for students to meet, study, and hang out in. The revision of a new space brought the room up to the third floor, closer to the administrative offices and the bulk of the classrooms. New furniture, including tall stools and bar tables, solid, well-cushioned chairs with tabletops built into the armrests, and a lounge complete with a large screen TV and DVD player, were added. A sliding wall separates the kitchen/seating area from the lounge. Large windows allow plenty of light, combining beautifully with the honeyed tones of the new furnishings.

As with the Doctoral Student Center, the goal here was to create a room that was “very comfortable, very welcoming,” Roper said.

“We wanted to show potential students that they have a place to come between classes, that there’s a way for students to meet each other, to know each other on a different level than they do in class,” she said.

“The student lounge seats 18 comfortably, and there’s standing-room space for a handful more. In the short time it’s been open, I’ve seen it at capacity. People sitting, standing and talking,” Roper said.

Updates Across the State

The Portland campus wasn’t the only location to get a face lift. The faculty and students celebrated across the state as classrooms and building spaces at other OHSU locations also received updates. With a new health center on the Klamath Falls campus and a revised auditorium classroom on the Ashland campus, students are experiencing a learning environment in state-of-the-art facilities. “These facility updates are a wonderful way for the school to support our nursing students across Oregon,” said Jennifer Anderson, assistant dean of Student Affairs.
Faculty Awards and Promotions

Faculty Honors

Lois Miller, Ph.D., R.N., F.G.S.A., F.A.A.N., was recognized as a new emerita faculty member. Miller was an instrumental researcher and mentor in the field of gerontology, aligned with the Hartford Center for Geriatric Nursing Excellence. Retired from OHSU, Miller continues work as a visiting professor at the University of California, Davis.

Next, three faculty members were honored as inductees into the American Academy of Nursing: Paula Gubrud-Howe, Ed.D., R.N., Terri Harvath, Ph.D., R.N., and Kim Jones, Ph.D., R.N.

The 1,500 members of the American Academy of Nursing (AAN), known as fellows, are nursing’s most accomplished leaders in education, management, practice and research. Bleich was unabashedly enthusiastic about the honor: “To have three inductees in one year from OHSU is fabulous. It’s spectacular. I cannot hide my exuberance that these three phenomenal nurses are being recognized.”

Gubrud-Howe provided leadership for three major initiatives to build a more educated nursing workforce. The academy recognized her leadership roles with the Oregon Consortium for Nursing Education, the Oregon Simulation Alliance, the Clinical Educational Redesign Initiative and the evaluation and dissemination of these models nationally.

Harvath was recognized for her leadership in improving the quality of care for frail older adults. She fostered the incorporation of research-based innovations into nursing practice, education and policy. Her work is substantiated in her roles with the Geriatric Center for Nursing Excellence, Sigma Theta Tau and the OHSU Best Practices Initiative.

Jones’ research to increase understanding of the neuroendocrine pathophysiology related to exercise in people with fibromyalgia got her noticed. Her breakthrough research gives insight into how decreases in growth hormone levels disturb muscle repair.

Of her work the dean noted, “She is increasingly cited by the lay public. Anyone knows it is great to disseminate science to other scholars, but when you reach the translational point where your research reaches the public, that is a level of recognition all of us can ascribe to.”

During the annual Henrietta Doltz Puhaty Lecture, co-sponsored by the OHSU Hartford Center for Geriatric Nursing Excellence, Michael Bleich, Ph.D., R.N., F.A.A.N., and more than 50 faculty, students and community members came together to honor eight faculty members for their contributions to the field of nursing.
Alumni Reminders

Share Your News!
Now on the web! Class notes are now located here: www.ohsu.edu/son/classnotes
Keep us informed on what you have been up to.

Giving
Gifts of any size help OHSU School of Nursing be its best and the time now is more critical than ever. Thank you for partnering with us to further nursing and help serve the healthcare needs of all Oregonians.
www.ohsu.edu/son/giving

Get More Updates
Join the OHSU School of Nursing Facebook fanpage to get updates on events, news items and all things OHSU School of Nursing.
www.facebook.com/ohsuson1

Honor Roll
Also, new to our website is the alumni honor roll. We have updated our honor roll list! See your name on our web page:
www.ohsu.edu/son/honorroll

“To have three inductees in one year from OHSU is fabulous. It’s spectacular. I cannot hide my exuberance that these three phenomenal nurses are being recognized.”

– Dean Michael Bleich

Faculty Promotions

Based on recognition of achievement and continual professional growth, the following School of Nursing faculty members were promoted:

Gary Laustsen, Ph.D., R.N., was promoted from assistant to associate professor. Lausten is a family nurse practitioner who teaches undergraduates and doctoral candidates on the La Grande campus.

Karen Lyons, Ph.D., was promoted from assistant to associate professor. The primary goal of her research is to improve the care of older adults and the well-being of family care diad.

Lisa Wood, Ph.D., R.N., was promoted from assistant to associate professor. Her work is supported by an R21 award from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and she recently received her first R01 award from the National Institute of Nursing to study the mechanisms of cancer-related symptoms.

Terri Harvath, Ph.D., R.N., was promoted from associate to full professor.

Special Recognition

Christine Tanner, Ph.D., R.N., F.A.A.N., was recognized as a co-recipient of the Medical Research Foundation Mentor award for 2010.
Pabst, a former firefighter and paramedic, is passionate about his new career as a psychiatric mental health nurse, where he can spend more than a “five-minute ambulance ride” with his patients. As a current Doctor of Nursing Practice student his studies afford him the opportunity to combine his ability to do therapy with work in healthcare. Pabst has enjoyed the shift from a male-dominated profession to his now female heavy cohort. Yet, he has watched his male colleagues struggle as they made the adjustment within the school setting and prior to taking their first steps toward a nursing career as minorities in a female dominated profession.

This provided an opportunity for Pabst, who saw a chance to bolster the male nursing community with support and practical, professional tools for success. He poured his prodigious energies into starting the first Oregon Chapter of the American Assembly for Men in Nursing (OCAAMN), which held its inaugural meeting on campus in October. “It’s not a glorified men’s club, or a gripe session,” says Pabst. “This is a proactive gathering and opportunity for men to contribute to our profession, alongside our female colleagues.”

Men considering nursing as a profession are often met with disdain as it is wrongfully considered a ‘woman’s profession.’ With social support, men can feel empowered to advocate for better communication across the board, which can help clear up misperceptions, Pabst says. This fall, Pabst was invited to speak to SoN instructors to create awareness around communication in general and teaching delivery styles, specifically, styles that best welcome nurses from all backgrounds.

Communication is a vital piece of the equation for drawing male nurses into the fold and keeping them there. From this foundation, the OCAAMN has outlined the following broad goals that will guide their organization:

- Help men come into the profession and, once in, provide social support.
- Draw attention to men’s health issues.
- Address wrongful perceptions about male nurses (seen as uncaring or non-nurturing).
- Strive to have nursing workforce reflect patient demographics (including gender and ethnicity).

Pabst emphasizes that OCCAMN is a not a student group but a professional, stand-alone organization. As the sole chapter in the Western U.S., save for California, Oregon’s chapter is uniquely positioned to reach and serve a lot of male nurses in the region.
In the short term, Pabst wants to spread the word about OCAAMN, and simply let the nursing community in Oregon know about the new organization and its mission. He will encourage member leaders to travel to remote areas in the region to introduce nurses to the chapter as well as persuade groups further afield to form their own chapters.

Learning from each other

A male nursing organization begs the question: Are women welcome? A resounding yes is the answer, says Pabst. He believes it’s always beneficial to learn from another population, and he gleans much from his female peers – in particular, Pabst absorbs how his female colleagues approach similar challenges in different ways than his male peers. “There’s a degree of translation that must occur between men and women,” Pabst explains. “And that is simply another learning opportunity.”

Pabst’s professional interests lie in tele-psychiatry and making psychiatric care more accessible to rural Oregonians. His goal parallels the ultimate aspirations of OCAAMN, to improve the nursing environment in order to get the best outcomes for patients, because as Pabst notes, “at the end of the day, that’s all that matters.”

Shifting the Stats

As of 2008, men made up only 6.6 percent of the national nursing population, which was an increase from previous years. Growth is slow but is happening and can be seen at the college level. This year, men made up 15 percent of the student nursing population at OHSU. These numbers reflect OHSU’s commitment to increasing the number of men entering the profession and the support that is available to men as they seek out nursing as a future career. OHSU is exceptional in its support of men in nursing, Pabst contends. “It’s rare.” He credits the strong male faculty members and the admissions staff at OHSU, with recruiting more men for the program as well as listening intently to student input and making concrete changes in the program to reflect the feedback.

“It’s not a glorified men’s club, or a gripe session. This is a proactive gathering and opportunity for men to contribute to our profession, alongside our female colleagues.”

– Anthony Pabst

5.7 percentage of male registered nurses in 2006¹
6.6 percentage of male registered nurses in 2010¹
36 percentage of male nurses in the U.S. Navy²
67 percentage of male CRNAs in the U.S. Army³

²www.chicagotribune.com/classified/jobs/chi-male-nurse-careers-051110,0,1470676.story
³www.malenursemagazine.com/history.html
Catherine Salveson and Linda Felver pack books for shipment.
By Lee Lewis Husk

Books by the Pound, Where the Weight of a Book Matters

In some countries textbooks are so precious they are locked up for safe keeping. Nurses in a Nairobi hospital pass the keys that open the book cupboard from shift to shift, the way American nurses pass keys for narcotic cabinets. The books were part of a 117-pound “treasure trove” sent to Kenya from donations collected by the Nursing Book Distribution Network, a global network started in 1990 by OHSU Associate Professor Linda Felver and the local chapter of the nursing honor society, Sigma Theta Tau International.

At the time, Felver, Ph.D., R.N., was president-elect of the local chapter and saw an opportunity to pair her own desire to improve health in developing nations with a greater societal good. As a teen, she'd spent several years in Brazil where she witnessed “the raw need of people who live where resources are scarce.” The Beta Psi chapter embraced her idea of a global book network, and the project moved rapidly from vision to reality. In the network's first nine months, volunteers gathered and sent 2,190 pounds of nursing books and journals to Lithuania, Romania, Mauritius (an island nation off the southeast coast of Africa) and Burma.

Felver tells the story of one of the network's first projects – a Burmese nursing school with so few books that students weren't allowed to touch them. In fact, faculty read the material while students wrote it down. With help from Marie Brown, Ph.D., R.N., retired OHSU faculty and consultant to the World Health Organization, the network was able to send more than four tons of books – enough to create an entire library that later won accolades as one of the best in the country.

Since creation of the network, Felver and countless volunteers have placed more than 10 tons of books throughout the world. All are donated from nurses, other healthcare providers, nursing schools and organizations in Oregon and Washington. “It's a way of improving healthcare worldwide by increasing nurses' knowledge, and it ultimately raises the whole stature of the nursing profession,” Felver says.

Getting books into countries isn't always easy. “We've sometimes had to resort to clandestine means or using diplomatic pouches,” says Catherine Salveson, Ph.D., R.N., administrative director of the OHSU virtual campus who has been involved with the program from its inception. She reports that some books have been carried as extra baggage by travelers and larger numbers shipped by containers had to be unpacked by hard physical labor in countries that lacked forklifts.

In recent years, the network found a new partner to help with distribution. In 2009, Brown traveled to Uganda as a Fulbright scholar emeritus to help the 10-year old University of Gulu develop a nursing program. But she discovered that the library had no nursing books. In a lucky coincidence, one of the Ugandan university librarians had spent time in Portland and put Brown in touch with the Beaverton Rotary Club. The club was planning to ship books through its Books for the World project to Kenya where the books were to be transported to Uganda. It wasn't long before the two Portland-area groups joined forces – the nursing network gathered up nursing books and Rotary members shipped and distributed them along with other books.

In 2010, the two organizations teamed up to send 1,000 pounds of books to a nursing school in Laos and are gathering books now for the University of Ghana.

“Everyone who gets involved with this project at any level knows they're doing something that is simple, doesn't take much time but makes a huge difference,” says Salveson, who takes turns with Felver as coordinator of the network. “We have photos of nursing students sitting at tables in a library with books in their hands, in places where previously only a few books existed,” says Felver. “It's empowering for students to be able to look up things for themselves. We've really changed nursing education in a number of countries.”
A Gift From Facilities: SoN Building ‘Tune-up’ to Save Money, Boost Efficiency

 Everyone likes surprises – especially the ones that happily impact the energy efficiency of one of the stately buildings on the OHSU campus, and the daily comfort of students and faculty who work inside.

Last fall nursing school administrators were presented with a surprise: Scott Page, associate vice president of Facilities and Logistics, and Skai Dancey, director of Facilities and Transportation, had applied for federal and state dollars to update the heating and ventilation systems in two buildings on the Marquam Hill campus. When the monies were awarded, the decision was made to make improvements to the School of Nursing and the Medical Research Building. The School of Nursing was given $196,935 for an energy update, with the balance of this $227,443 project paid for by OHSU.

Announcing the project – and its attendant funding – was extremely gratifying, Dancey said. “When we got the dollars we approached Dean Bleich. He really was not expecting it. It felt really good – normally when we approach a building administrator, we want to make their world better, but we need their money to do it. This kind of success story is rare, because we got to go in and say: ‘We want to do this to help your building, and by the way we’re bringing in the money to do it, too.’ That doesn’t happen very often.”

Page said, “Our project in the School of Nursing has been an exciting opportunity to improve the comfort of OHSU’s learning environment while at the same time decreasing our carbon footprint in a cost-effective way. The entire faculty and staff have been enthusiastic champions of this project— it is very motivating to see a group of individuals make such a strong commitment to improvements in the educational environment and in environmental sustainability.”

Dancey added, “The most exciting thing is how everybody wins from this project. The building occupants are more comfortable, there is reduced energy consumption, and maintenance spends less time dealing with the daily honey-do’s.”

Three projects lead to energy savings

The upgrades began last October and concluded in January 2011. Efforts included updating existing mechanical systems and the installation of new equipment. The result: Reduced usage of natural gas and electricity, and improved operation of the building’s heating and ventilation system.

Built in 1989, the SoN building was badly in need of some energy improvements. “Some of the equipment needed tweaking, some parts weren’t working properly and some parts needed replacing,” said Rob Woods, senior financial analyst for the School of Nursing, and enthusiastic supporter of this green project.

One major effort involved recalibrating approximately 125 variable air volume boxes. These help control air flow and room temperatures, Wood explained. This fix means thermostats now work properly, which in turn makes the classrooms and office areas more comfortable.

Like the system in the auditorium, these units also operated in an on/off mode. The retrofit made it possible for the units to run at varying speeds. “The changes allow for more energy efficiency, because the units will push the right amount of air into the building at any given time,” Woods said.

Of the project, Christian Miner, energy manager for OHSU said, “Efforts are being made to make sure things run the way they’re supposed to. The results are already evident, both in terms of dollars saved and building occupant satisfaction. We’ve gotten phone calls and emails from people saying they’ve been here five years and never felt as comfortable as they do now,” he said.

And the savings? Data shows that with a projected annual energy savings of $28,984, OHSU’s cash outlay for the project will be repaid within 12-and-a-half months.

“The School of Nursing has become the model for the university and hospital as to how we can reduce energy, reduce maintenance cost and increase comfort in the buildings through projects such as these,” Miner said.
“The most exciting thing is how everybody wins from this project. The building occupants are more comfortable, there is reduced energy consumption, and maintenance spends less time dealing with the daily honey-do’s.”

– Skai Dancey, director of Facilities and Transportation
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**In Remembrance**

This past June Marsha Heims, R.N., Ed.D., emeritus faculty member, lost her long battle with cancer and the School of Nursing lost an esteemed colleague and noble friend. Often cited by students as a favorite teacher, Marsha was known for her quick wit and her dedication to teaching. On June 26, 2010, the School of Nursing community came together along with her family members to celebrate and remember Marsha’s life and many contributions to the school. Long-time friends and colleagues Sheila Kodadek, Ann Nielsen and Kim Derienzo, expressed the sentiments shared by many: Marsha will always remain in our hearts. She is missed by all who had the privilege to know her.
OHSU includes four schools, two hospitals, numerous primary care and specialty clinics, multiple research institutes and several community service and outreach units.

The OHSU School of Nursing offers a variety of nursing programs – from bachelor’s to doctoral – all designed with you in mind. With five campuses located throughout Oregon, and distance education options at all levels – taking the next step in your nursing education has never been easier. U.S. News and World Report consistently ranks the School of Nursing’s graduate programs in America’s top 10. As part of the OHSU community of leaders, you will benefit from an environment where healing, teaching and discovery come together. Find out which one of our programs is right for you.

We want to meet with you! Contact us at 503 494-7725 or proginfo@ohsu.edu
Learn more at www.ohsu.edu/son

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